

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/869536

CLAIMS

AS FILED.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	21			
5	21			
6	21			
7	21			
8	21			
9	21			
10	21			
11	21			
12	21			
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TOTAL	9			
TOTAL	9			
TOTAL	9			
CLAIMS	9			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								